

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/53940**

FILED DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		3					71						
22		3					72						
23		6					73						
24		6					74						
25		6					75						
26		6					76						
27		6					77						
28		6					78						
29		6					79						
30		6					80						
31	1						81						
32		1					82						
33		2					83						
34		1					84						
35	1						85						
36		2					86						
37	1	①					87						
38		①					88						
39	1						89						
40	1						90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		1					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	98	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	105						TOTAL CLAIMS						

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